

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522620 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			1		/		52						
3			2		/		53						
4			3		/		54						
5			4		/		55						
6			5		/		56						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1		↓				↓		↓		↓
TOTAL DEP.		←	10	←	←	←							
TOTAL CLAUSES			11										

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